OHA - DWS

Membrane Filter Monthly Operating Report

County: **Tillamook**

System Name: **City of Rockaway**

Month/Year: **Aug-2025**

PWS ID#: 41 - **00708**

Minimum test pressure **applied** || **req'd**: 20 psi || 17.8 p

Plant ID: WTP - **A** *(e.g., "A")*

DIT = Direct Integrity Test on filter(s) [Yes, No, or "off" if all filters are offline] ⇨

PDR = Pressure Decay Rate

LRC = Log Removal Credit

PDR_{Max} [psi/min]	LRC [log removal]	DIT Daily
0.096	4.00	

Day	CFE Daily Turbidity [NTU]	Highest CFE♣ [NTU]	Highest IFE [NTU] (>15 min duration)	Highest PDR of day [psi/min]	Lowest $LRV_{ambient}$ of day [log removal]	[Y/N] or "off"
1	0.030	0.04	0.022	0.02	5.06	Y
2	0.030	0.04	0.022	0.02	5.11	Y
3	0.030	0.03	0.022	0.02	5.13	Y
4	0.030	0.04	0.022	0.02	5.09	Y
5	0.030	0.04	0.022	0.02	5.07	Y
6	0.030	0.04	0.022	0.02	5.08	Y
7	0.030	0.04	0.021	0.03	5.09	Y
8	0.030	0.04	0.020	0.02	5.07	Y
9	0.040	0.04	0.021	0.03	5.06	Y
10	0.040	0.06	0.021	0.02	5.09	Y
11	0.040	0.04	0.021	0.02	5.10	Y
12	0.040	0.04	0.021	0.02	5.06	Y
13	0.040	0.04	0.021	0.03	5.05	Y
14	0.030	0.03	0.025	0.02	5.09	Y
15	0.030	0.03	0.024	0.02	5.07	Y
16	0.030	0.03	0.025	0.02	5.08	Y
17	0.030	0.03	0.025	0.02	5.12	Y
18	0.030	0.03	0.025	0.03	5.06	Y
19	0.030	0.03	0.025	0.03	5.07	Y
20	0.030	0.03	0.025	0.02	5.05	Y
21	0.030	0.03	0.025	0.03	5.04	Y
22	0.030	0.03	0.024	0.02	5.06	Y
23	0.030	0.03	0.024	0.02	5.09	Y
24	0.030	0.03	0.025	0.02	5.12	Y
25	0.030	0.03	0.025	0.03	5.05	Y
26	0.030	0.03	0.024	0.02	5.09	Y
27	0.030	0.03	0.024	0.02	5.09	Y
28	0.030	0.03	0.025	0.02	5.07	Y
29	0.030	0.03	0.024	0.02	5.14	Y
30	0.030	0.03	0.024	0.02	5.11	Y
31	0.030	0.03	0.024	0.02	5.09	Y

Compliance summary (operator to complete any blank fields)

95% of daily turbidity readings ≤ 1 NTU? [Y/N]	All turbidity readings ≤ 5 NTU? [Y/N]	All IFE turbidity readings ≤ 0.15 NTU? [Y/N]	Performance std met? [Y/N] (PDR ≤ PDR_{Max}, LRV ≥ LRC)	DIT Daily?
Yes	Yes	Yes	Yes	Yes

CT's met daily? (p. 2)	All Cl_2 residual at EP ≥ 0.2 mg/L?	PDR ≤ PDR_{Max}?	$LRV_{ambient}$ ≥ LRC?
Yes	Yes	Yes	Yes

PRINTED NAME: Luke Shepard **DATE:** 9/2/2025

SIGNATURE: **WT CERT #:** T3-08629

Notes: **PHONE #:** (503)374-0586

Revised 7/31/2023

♣ *Used for optimization purposes only.*

OHA-DWS

Disinfection Monthly Operating Report

System Name: **City of Rockaway**

PWS ID#: 41 - **00708**

Plant ID : WTP - **A**

0.5 ⇦ Log Inactivation Required via Disinfection

Day	Minimum Cl_2 Residual at 1st User (**C**) ♦ [$^{mg}/_{L}$ = ppm]	Contact Time (T) [minutes]	Actual CT **C** x **T** (Formula)	Temp [° C]	pH	Required CT (Formula)	CT Met? ♦ [Yes / No] (Formula)	Peak Hourly Demand Flow [GPM]	Notes (e.g. "Plant Off")
1	0.980	31	30.4	16.2	7.60	15.7	YES	400	
2	0.990	31	30.7	16.8	7.50	14.5	YES	400	
3	0.910	31	28.2	14.7	7.60	17.2	YES	400	
4	1.040	31	32.2	14.6	7.60	17.5	YES	400	
5	1.120	31	34.7	14.8	7.80	18.8	YES	450	
6	1.140	31	35.3	15.3	7.70	17.6	YES	450	
7	1.220	31	37.8	15.8	7.60	16.5	YES	450	
8	1.210	31	37.5	14.3	7.70	18.9	YES	450	
9	0.930	31	28.8	15.6	7.60	16.2	YES	450	
10	1.260	31	39.1	15.1	7.60	17.4	YES	450	
11	1.190	31	36.9	15.6	7.60	16.7	YES	450	
12	1.290	31	40.0	15.4	7.60	17.1	YES	450	
13	1.140	31	35.3	15.2	7.60	17.1	YES	450	
14	1.240	31	38.4	15.5	7.60	16.9	YES	450	
15	1.140	31	35.3	15.7	7.50	15.9	YES	450	
16	1.060	31	32.9	15.1	7.50	16.4	YES	300	
17	1.210	31	37.5	15.0	7.50	16.8	YES	450	
18	1.090	31	33.8	15.6	7.50	15.9	YES	450	
19	1.170	23	26.9	15.0	7.60	17.3	YES	550	
20	1.190	23	27.4	14.9	7.40	16.3	YES	550	
21	1.190	23	27.4	15.3	7.40	15.8	YES	550	
22	1.110	31	34.4	14.4	7.50	17.3	YES	450	
23	1.100	31	34.1	15.2	7.40	15.8	YES	450	
24	1.120	31	34.7	15.5	7.50	16.1	YES	450	
25	1.100	31	34.1	15.3	7.50	16.3	YES	450	
26	1.120	31	34.7	15.2	7.40	15.8	YES	450	
27	1.180	23	27.1	14.9	7.60	17.5	YES	550	
28	1.170	31	36.3	15.1	7.40	16.0	YES	440	
29	1.210	31	37.5	14.7	7.50	17.1	YES	420	
30	1.120	31	34.7	14.4	7.50	17.3	YES	400	
31	1.080	31	33.5	14.6	7.50	17.0	YES	400	

♦ If chlorine concentration at entry point < 0.2 $^{mg}/_{L}$, or CT not met, notify DWS within 24 hours.

Submit this monthly report by the 10th of following month by

mail: Drinking Water Services
PO Box 14350
Portland, OR 97293-0350

email: dwp.dmce@odhsoha.oregon.gov

fax: 971-673-0458

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